

Marathon County Smoking Cessation Referral Form

Marathon County provides a smoking cessation benefit under our health Plan that provides an unlimited benefit for the course of treatment prescribed by your qualified practitioner*.

This referral form must be completed by a qualified practitioner* indicating the recommended course of treatment for expenses to be covered per participant.

An acceptable course of treatment may include the following products and methods to assist the plan participant:

- Prescription medications
- Nicotine replacement products
- Smoking cessation class registration fees
- Professional services including hypnosis or acupuncture for the purposes of smoking cessation

Refer to the Summary Plan Description (SPD) (page 1-18) for details. Or, call UMR at 1-800-826-9781 for more information

The plan participant should ask their Qualified Practitioner to complete the Qualified Practitioner section below and submit their Referral Form/Claims to UMR by one of the following methods:

Mail:
UMR
PO Box 8033
Wausau, WI 54402-8033

FAX:
855-405-2189

Email:
UMR-ClaimsSubmission@UMR.com

Employee Name (print): _____ Employee ID: _____

Patient Name (print): _____ Patient DOB: _____

*** Qualified Practitioner Completes This Section ***

Recommended course of treatment: _____

Qualified Practitioner Name (print): _____

Qualified Practitioner (signature): _____ Date: _____

This authorization is subject to the exclusions, limitations and other terms of the Marathon County Health Plan. Patient must be eligible for benefits at the time services are rendered. This authorization is limited to the services listed above. For additional services, the covered person must again receive authorization from their physician.

**The qualified practitioner must be one of the following; MD, DO or Chiropractor*